PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-01

# CERTIFICATE OF DEATH

03990

	C, (,		1	0	1
Reg.	Dist.	No.		8	/

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	. 3. (b) Social Security Number
George (Bristain Adams	noue.
4. Sex   \$/Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Ibliste Ibedowed	A1:00 0 UE 3/5/0
my +1 0 1	
6.(b) Name of busband or wife Multi-	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	and that I last saw h alive on Alive 9 to 19 45
7. Birth date of deceased (mo., day, yr.) June 28 - 1894	Immediate cause of death
8. AGE: Years Months Days If fess than one day	La 0 4 2 Prof land land land.
670 10hrsmln.	
9. Birthplace Derdeen	Bue to Artemoreleions
(Town, county, and state)	lyelanin
18. Usual occupation. Meccleant	Due to
11. Industry or business	
12. Name Villian Adams  13. Birthplace Harry & Drusse	Other conditions
Z 13. Birthplace Harry de Droce	(Include pregnancy within 3 months of death)
14. Maiden name Commes a Christon	
14. Maiden name Comma a Christour  15. Britiplace Savide Grase	Major findings of operations
A 15. Brimpiace South Addition	
16. Informant	Autopsy results
Address 477 Mr. Bel lin ling, aberdein	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Dale thereof Graf 1/ 1944	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) ((month) (day) (year)	
Cemetery of eremetery.	Where did injury occur?
Location Judien	Injured at home, farm, Industry, public place (where?)
18. Funeral director Henry Varring & Somos	Means of Injury Injured at work?
Address Obertelew to	-10,- 12 1 Deveryon
10h 10 15 7001; 3151,60	23. SIGNATURE M. D. or other
(Date/rec'd by registrar) Registrar	Address Franken 4d Bate signed A Ja 9/4

RECEAU V.S.

A15 SA

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

# CERTIFICATE OF DEATH

County	City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	Anderson 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w s	20. DATE DF DEATH. 4- 7 19.45 at 10.35 M
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 to 19 18 45  and that I last saw h 18 18 18 18 18 18 18 18 18 18 18 18 18
8. AGE: Years Moths Days If less than one day hrs. I D min. 9. Birthplace August Jack Varfus Co. (Town, county, and state)	Due to Inevitable about
1D. Usual occupation	Due to
11. Industry or business  12. Name 12.	Other conditions
14. Malden name Much from Denny 15. Birthplace Miffred Del.	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant guth Gran Anders on - Morsh	Autopsy results
Address Salesburg Md  17 Burial, cremation, or removal. Which?)  Date thereof Month (day) (year)	22. V10LENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18 Europe Herry Personnites &	Means of Injury Injured at work?
Address Ham delle	E. D. Cami
18 Apr. 10 1945 A. L. Lewis M. Registrar	23. SIGNATURE M. D. or other  Address Hand LOC Grave Date Signed 4 - 10 40

APR 24 1945 BUREAU V.S.



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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a	(3)	3	J.

9	0	U	J.	~	1	0	66	
R	er.	Di	at.	No.	1	2 4	5	

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number
4. Sex 5. Color or race b. (a) Single, married, vidowed, or divorced	MEDICAL CERTIFICATION
Female White manued	20. DATE OF DEATH. Opril 19, 1945, at 128 M
6.(b) Name of husband or wife	21. I SERTIFY that death occurred on the date above stated: that I attended deceased from  19
8. AGE: 1 less than one day 23 less than one day	Immediate cause of death  Uncluded Hemorilege 2/zda
9. Birthplace TO Land (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Name Edwa Davis	Other conditions
14. Maiden name Syxilla Vills  15. Birthplace  Ta	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Ann Marrill Grafton  Address Folst Hill Mid	Autopsy results.  PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17. Burial, eremation, or regoval. Which?)  (Burial, eremation, or regoval. Which?)  (Burial, eremation, or regoval. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Cooptown, Ind	Where did injury occur?
18. Funeral director Martine & Kurty	Means of Injury Injured at work?
19. 4-20- (Date rec'd by registrar)  Registrar	23. SIGNATURE Dellard P. Hedson M. D. or other Address FORDA Hell Md Date stoned Self Elxs

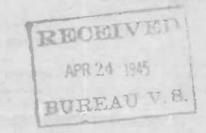
APR 23 1945 BURLAU V.R. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

03993

FRTII	FICATE	OF	DEATH

2411 N. Ch.	arles St., Baltimore 3.2
CERTIFICA	ATE OF DEATH Reg. Dist. No. 185
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infente give residence of mother)  State  City or town  (If outside city or town limits, white RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Bertha Barnes	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  APKILL 9  19 45 35 P
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.) Max. 7, 1873  8. AGE: Years Months Days If less than one day hrs. m  9. Birthplace May 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4	Immediate cause of death DURATION DURATION
Address > 22 Onland Oct.  17 (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 183

03994

1. PLACE OF DEATH:  County  City or town (It outside city or town limits, write RURAL and give nearest town)  Row long in above place of death?.  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME	
mary Caroline Bo	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced   6.(b) Name of husbond or wife   5. Color or race   6.(b) Name of husbond or wife   5. Color or race   6.(b) Name of husbond or wife   5. Color or race   6.(c) Single, married, wildowed, or divorced   6.(c) Single, wildowed, or div	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. 2.1 alive on Clarify 1945
8. AGE: Years Months Days If less than one day  8. Birthplace Community, and state)  10. Usual occupation Community, and state)  11. Industry or business Woodberry Wills, Patrick  12. Name Not Life Washington Community, and state)  13. Birthplace Not Life Washington Community, and state)	Bue to  Ciher conditions
14. Malden name Evans  15. Birthplace NOT KNOWN  16. Informant Like Robinson  Address Roches MX	(Include pregnancy within 8 months of death)  Major findings of operations
17. Burial, cremation, or removal. Which?)  Date thereof. (mouth) (day) (year)  Demetery or crematory. Hereof. (mouth) (day) (year)  Location. Faller of the first of the firs	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE.  Address



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is especially

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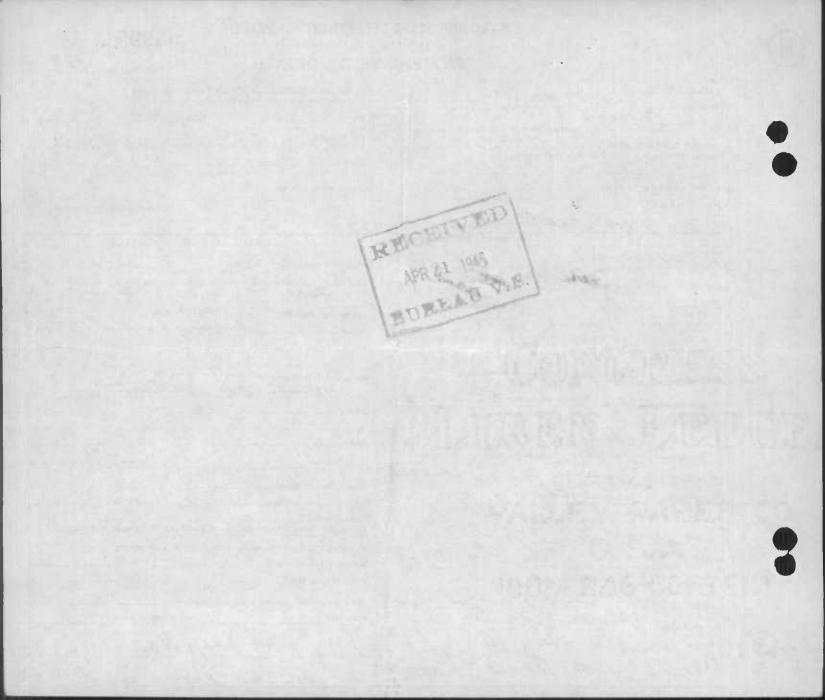
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### MARYLAND STATE DEPARTMENT OF HEALTH

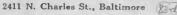
2411 N. Charles St., Baltimore



### CERTIFICATE OF DEAT Reg. Dist. No.. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?... (If outside city or town limits, write RURAL and give nearest town) Nospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 2.(a) If veteran, name war ... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color of race b.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) DURATION Bays It less than one day 8. AGE: 1D. Usual occupation. 11. Industry or business: 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations ...... PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Date thereof. Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occor? ...... (City or tewn) (County) injured at home, farm, industry, public place (where?) ..... Means of Injury Injured at work? M. D. or other



### MARYLAND STATE DEPARTMENT OF HEALTH

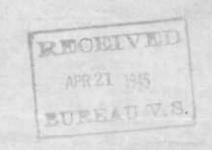


03996

M. D. or other Date signed.

- CERTIFICA'	TE OF DEATH Reg. Diat. No. 182
County City or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Charles Joseph	Deck 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
male white Midouer	20. DATE OF DEATH Offil 7 19 46 at 5 3 AT
Protlesing me Courtn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Feb 1945 10 apr 194
7. Birth date of	and that I last saw h alive on arm 6 19.4.2
deceased (mo., day, yr.) Clary 1 1812	Immediate cause of death Paralyses BURATION
8. AGE: Years Months Days If less than one day	
/3   8   6  hrsmin.	
9. Birtholace Will I reen Harlord & ma	Due to Certerio selevosió t
(Town, county, and staty)	ty performing
10. Usual occupation.	Due to
11 Industry or business Reflued.	
12. Name Will Starford & Mills and	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Robinson	
14. Malden name Mary Robinson	Major findings of operations.
mrs mamie stamburgh	Date of op.
16, informant	Autopsy results
Address 3/42 /cemungon des gay	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Buriel Date thereof Cofr 10 -45	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location & Vrees M.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Martin & Lucis	Means of Injury Injured at work?
Address arrettsville and.	month
W. W	23. SIGNATURE
19. (Date rec'd by registrar) 19#6 Wallla Touvout	Address Belly Wid Date signed 4/7/45

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1. PLACE OF DEATH:

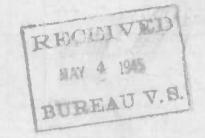
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Baltimore 834

2. USUAL RESIDENCE (HOME) OF DECEASED:

## CERTIFICATE OF DEATH

County May for d	(For newborn infants give residence of mother)
City or town Street (Rural)	State No county Harters
(If outside city or town limits, write RURAL and give nearest town)	City or town Struct Rural  (If outside city or town hanks, write RURAL and give nearest town)
How long in above place of death? 3 years	(If outside city or town haits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME ESward John Dutton	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male C Married	010.000
	20. DATE OF DEATH 4 30 1943 at 3 - M
6.(6) Hame of husband or wife. Nellie I Dutton	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
W/O/ Ballic VI RUSDAND VI FITCHISTON OF THE STATE OF THE	April 30 1845 to April 30 1848
7. Birth date of Manager 15 Agreement 15 Agr	and that I last saw h 1 M alive on 1+ 1 3 0 19 45
deceased (mo., day, yr.) May 11-1894	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Ceretral thrombosis 6 his
50hrsnin.	
Handond Ca Mh	
8. Birthplace Hartord Co, Mb (Town, county, and state)	Due to
to, Usual occupation. Labor	
	Due to
\$1. Industry or business	-
12. Name Wa A Dutton  13. Birthplace Md	Cther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Ruth A Talbatt  15. Birthplace MJ	(Include pregnancy within 3 months of death)
MI	Major findings of operations.
	- Date of op.
18. Informant Nellet I Dutton	Autopsy results
Address Street, Nd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B > 145	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Clark's Chapel	Where did injury occur?
Location Gibson, Harford Co	Injured at home, farm, industry, public place (where?)
18. Funeral director Securit Factor	Means of Injury Injured at work?
Address Relan Mel	Grald & Talmer MI
1-10 11: 10 P	23. SIGNATURE M. D. or other
19. 2/ de 1945 Usella Forward	Boldin M. 145
(Date rec'd by registrar)  Rogistrar	Address Date signed



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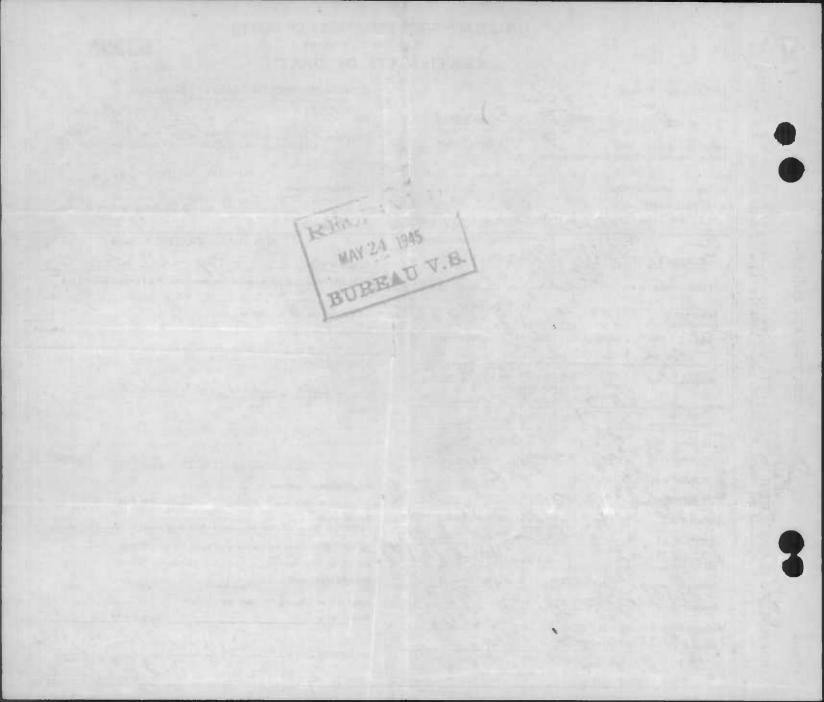
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 184

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town minits, write RURAL and give nearest town)  Sireet No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Elsie "Lee Edward	3. (b) Social Security Number
Emale House Married  S. Color prace 6.(a) Single, married, widowad, as diversed  Married  6.(b) Name of husband or wife Edward	MEDICAL CERTIFICATION  2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. A.G.F. Years   Months   Days   Miless than one day	and that I last saw h. L. alive on
9. Birthplace (Town, coupty, and state)  1D. Usual occupation.	Due to.  Due to.  Due to.
11. Industry or business  12. Name  13. Birthplace Alignany  14. Maiden name  14. Maiden name  15. M. C.	Other conditions
16. latermant Lily Edwards	Major findings of operations
Address Address Date thereof (month) (day) (year)	VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory  Location  Company  Compan	Where did injury occur?
18. Funeral director many lands and the second of the seco	23. SIGNATURE Claurchorly Med M. D. of other 154



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /60-

# CERTIFICATE OF DEATH

03999 Reg. Dist. No. / 82

1. PLACE OF DEATH: County Harford				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Bel Air			***************************************	State Maryland County Margard		
City or town Bel Air (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	Tanana a		1000 8000000
How long in ebove place of death?			::::::::::::::::::::::::::::::::::::::	R# T		
			21	Street No		
How long in hospital	or Institution?	e days		2.(a) If veteran, name war		
3. (a) FULL NAM	E Richard	John	Evens		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Singi	e. married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	Whita	Inf	fant			
	1	1		20. DATE OF DEATH ADT 11 25		Ma6.0.0
6.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date ab		11,-
***************************************	******************************		c) If alive, give ageyears	april 23 19	Y 0 10 0 19	11.
7. Birth date of	yr.) Ammil S	3 194		and that I last saw harmat alive on		
8. AGE: Year		Days	If less than one day	Immediate cause of death	DURA	ATION
		2	hrs min.	probably a	Lerelra	
9. Birthplace	l Air, Marf	ord Co	tate)	Due to. Lenn	irloge	
10. Usual occupation.	6H3	*************		Due to.		
11. Industry or busine	88					
12. NameLd	e Bert Eva	<b>ns</b>	***************************************	Dther conditions		
	-lleghany	Ce., 11	orth Carelina			
14. Maiden name Ruby Ilean Crouse 15. Birliplace Sparta, North Carolina			30	(Include pregnancy within 8		
S 15. Birlhplace	Sparta,	Morth	Carolina	Major Rindings of operations.		
	as Best Fi	10 NS		Antopsy results		
Address Edgewood, RO				PHYSICIAN: Please underline the cause to w		
			*	22. VIOLENCE: tf death was due to external cau	uses, fill in the following:	
(Burial, cremation, or removal. Which?)  Date thereot			(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory St. Mary's Church			ursh	Where did injury occur?(City or town)	(County) (State)	***********
Location Edgewood, Maryland			***************************************	Injured at home, farm, industry, public place (w	here?)	
18. Funeral director Dean and Fester			•••••••••••••••••••••••••••••••••••••••	Meana of Injury	Injured at work?	
Address Bel Air, Maryland				111.00.00	D W. Dra	
19. 4. 2.5 19.45 Puscilla Forward Registrar			eilla Forword	23. SIGNATURE CITIZATE  Address Forest Heal	M. D. or other	745

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 850

### CERTIFICATE OF DEATH

(141)(1) Reg. Dist. No. 182

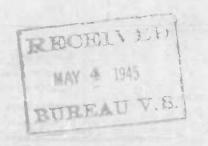
County.  Cily or town  (If outside city or town limits, write RURAL and give nearest town)	(For newborn triants give residence of mother)  State		
How long in above place of death?  Hospital, Institution, or street address where death-occurred:	City or town (If outside city or town limits, write RURAL and give nearest town)  Street Ro		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Katherine R Falfor	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. BATE OF DEATH APRIL 20 19.45 at 7 M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from CPA 9 1945 to GPA P 20 1945 and that I last saw h CR alive on GPA P 20 1945		
8. AGE: Years   Mooths   Bays   If less than ooe day	Immediate cause of death. Consorrage 62 hours		
9. Birthplace Ba It Mora  (Town, county, and state)  10. Usual occupation House Da Fries	Due to		
11. Industry or business  12. Name. Col WM Robertson  13. Birthplace Hampton Va	Other conditions Herpontantion ?		
14. Malden name. Valiant  15. Birthplace Balto, No	(include pregnancy within 8 months of death)  Major findings of operations.		
16. Informant Frank H Fulford Address Bal Air Md	Autopsy results		
17. Buria Date thereof April 23/45 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Commetery or crematory Rock Standing Location Forest Hell			
18. Funeral director. Description Joseph Joseph Address Relan Man	Means of Injury  Injured at work?  23. SIGNATURE Q. F. Van Brober, U.D.		
19. 4- 23 (Date rec'd by registrar)  19. 4- 23 (Date rec'd by registrar)  Registrar	Address Bel Dick Med appear 21.1945		



DURATION

(State)

M. D. or other



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### MARYLAND STATE DEPARTMENT OF HEALTH

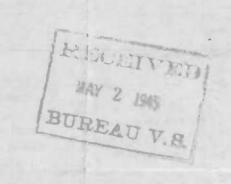
2411 N. Charles St., Baltimore (183



# CERTIFICATE OF DEATH

114012 Reg. Dist. No. 184

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
4. Sex (5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CEPTURICATION
temple White by the state of th	MEDICAL CERTIFICATION  20. DATE DF DEATH  MEDICAL CERTIFICATION  19. 430  19. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	and that I last saw h
9 3 29nin.	Accidence Trowning 5 now
9. Birthplace (fown, county, and state)	Due to
10. Usual occupation	Due to
12. Name Horge B. Jones.  13. Birthplace Danlord Co, Md.	Diher conditions
14. Maiden name Peta Allisan  15. Birthplace Harford Co. Md.	(Include pregnancy within 8 months of death)  Major findings af operations
\$ 15. Birthplace Harford Co, 119	Date of op
18. Informant Secretary Sand	Autopsy results
Address  17. Burial, cremation, or removal (Walch?)  (Burial, cremation, or removal (Walch?)  (day) (year)	22-VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Delta a a gine	Injured at home, farm, Industry, public place (where?)
18. Funeral director Address AD OLLOW, For 1	Gerald C. Falmer us
19. May 1 19. 45 Carl & March Registrar)  (Date registrar)  (Date registrar)	Address 3 A T Date signed 128/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-7

# CERTIFICATE OF DEATH

04003

1. PLACE OF DEATH: // 08 P. A.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	· Varland
City or Joan (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 50 yrs	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street, address where death occurred:	(It outside city or tournaments, write NONAL and give nearest town)
717 Onbario St.	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) tf veteran, name war
3. (a) FULL NAME YM	3. (b) Social Security Number
Mary Exama?	talt -
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale While Widowed	20. DATE OF DEATH CLESS 27 1945 at 9 P. II
6.(b) Name of husband or wife Conard V- Tralk	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	" 19 to Copo 27 19 45
7. Sirth date of	and that I last saw har alive on after 27 19 45
deceased (mn., day, yr.) fune // /0 6 0	Impoligie cause of death DURATION
8. AGE: Years Months Days If less than one day	(Internal Velevois.
/6 10 10 min	n
Texas Md.	
9. 8irthplace (Town, county, and state)	Due D
10. Usual occopation Journ Oulus	Classes & Effect Miphiester, in
11. Industry or business Self. 30:4:4	Due to
12. Name Degy amon hulliges  13. Birthplace	· Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah C. Welliams  15. Birthplace Mid.	Major findings of operations.
\$ 15. Birthplace /nd.	Date of op.
16 Informant //2. George Z. Talk	Autopsy results.
11110 711: 71 16	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 6 6 Uniario Nave de ha	22. VIOLENCE: tf death was due to external causes, fill in the following;
17 Secreal Date thereof Ger. 30, 1945	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Vest woung have	Where did injury occur?
Location Cecil Co. TMa,	Injured at home, farm, industry, public place (where?)
Tr. Madinas Mitala	Means of Injury Injured at work?
18. Funeral director	
Address Havre de Lace 14d.	I lacela Hollan to
10 apr. 30 18 45 - 6. Lewis m	23. Signature

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PLEASE WRITE

RHOEIVED MAY 1 1945 BUREAU V.S.

# CERTIFICATE OF DEATH

Mate signed.....

Reg. Dist. No..

1. PLACE OF GEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Market Standard	State Mild County Hamford
City or town (If outside city or town limits, write RERAL and give nearest town)	Baddleson
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospilat, institution, or attest address micro death observe.	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	110 3. (b) Social Security Number
(Internal)	Clin
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tenrale Mute Medour	20. DATE DE DEATH Afril 2/st 1945, at 10 th M
6.(b) Name of husband or wife	21 CEPTIFY that doubt occurred on the date above stated; that tattended decrased from
6.(c) If alive, give ageyears	0104 0104
7. Birth date of deceased (mo., day, yr.) October 15-1868	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
76 6 7hrsmln.	
a Richard Glamanne	Bue to
9. Birthplace (Town, county, and state)	Here seuseon -
1D. Usual occupation.	Due to
11. industry or business	
E 12. Name Millelelist Klesst	Other conditions legisle of december ?
₹ 13. Birthplace Gennagy	(Include pregnancy within 3 months of death)
= 14. Maiden name Many Cesses	Major findings of operations
15. Birthplace // Valence	Date of op.
16. Informant I m & Elenn	Autopsy results. Mane
Address 1/201 St. Create St	PHYSICIAN: Flease underline the cause to which death should be charged statistically,
Burnel 16/20/11	22. V10LENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Daje thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory	Where did injury occur?
Location ( Altingary . 4ml )	Injured at home, farm, industry, public ptage (where?)
18. Funeral director F. O. Wassbeert Son	Means of Injury Injured at work?
Address / 300 Eustaw Place	The best of
CIT D	23_SIGNATURE
19. (Date rec'd by registrar)  Registrar	address VI 13 Treleves the signal of HI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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SITHIN CORPORATE LINES OF

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospital institution, o street address where death occurred	1 Carried of Market
M. Juanes Villa	Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
Dr. Mary Hildeberta Wi	infres Kannon 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Kingle	20. DATE OF DEATH. Office 7 19 43 21661 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Jones III to Conference I 15th
7. Sirth date of 7.	and that fast saw has a salve on 1973
deceased (mo., day, yr.) 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Immediate cause of death
49 1 48	
/3 / 29hrsmin.	Tellowor an Imberesloop
8. Sirthplace (Town, county, and atate)	Due to.
10. Usual occupation.	
	Due to.
tt, industry or business	
12. Name	Other conditions.
m 2	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
£ 15. Birthplace	Date of op.
16, Informant 7 Lasp. Records	Autopsy results
Address Commerce & Market	PHYSICIAN: Please underline the cause to which death should be charged statistically.
. Buise 4/0/45-	22. VIOLENCE: It death was due to external causes, fill in the following:
(Buriai, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory The Light (Helders	Where did injury occur?
Location Baltiman MA.	Injured at home, farm, Industry, public place (where?)
18. Euneral director Cerron ton & Row	Means of Injury Injured at work?
11 .11	(11 10/10)
Address / favre de Cuaca	23. SIGNATURE CLASSICAL TOTAL SECTION OF SIGNATURE
19. apr. 9.  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Date signed
(reflectat)	Address Date signed

APR 24 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

# CERTIFICATE OF DEATH

04006,85-

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State County County
(If outside city or town limits, write RURAL and give nearest town)	Marcile March
How long in above place of death?	City or town (If outside city or town limits, write RUEAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Commune & Market
	(If rural, give LOCATION)
How long in hospifal or institution?	2.(a) If reteran, name war
S. M. Petronella Emm	Maloney 3. (b) Social Security Number
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale White Kingle	20. DATE OF DEATH 4/30/45 19 at 2:45-1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	19.47, 10.47, 10.47
7. Birth date of 21 1 1010	and that I last saw h
8. AGE: Years Months Days I fless than one day	Immediate caned of death
71 1 44	La de la
16 1 24hrsmin.	- In the second
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Teacher	
	Due to
11. Industry or business	
12. Name	Other conditions
M CILL Hanne	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
5 15. Birthplace Juliand	
16. Informant Aug. Remain	Autopsy results.
Address Havelle diase	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bate shereof 5-/2/45-	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location / Balthure, MA.	Injured at home, farm, industry, public place (where?)
18. Funeral director Comments of Rom	Means of Injury Injured af work?
1/ 1/ m	11/10/10
Address Have de Seale gla.	23. SIGNATURE M. D. or other
19 Muy / 1845- U. K. Leurs In. D	1. 101 In April 5%
(Date rec' by registrar) Registrar	Address

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### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

THIM COMPONATO LIMITS OF 2411 N. Ch	arles St., Baltimore	04967
	ATE OF DEATH	Reg. Dist. No. 185-
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me State County (if outside city or town limits, Street Ho. (If rural, give Lot) 2.(a) If veteran, name war.	write RURAL sud give nearest town)
	vge1	3. (b) Social Security Number
4. Sex  Solor or race (6.(a) Single, married, widowed, or divorced  Sough	MEDICAL CEI 20. DATE DE DEATH April 4	RTIFICATION 6A
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from
S (a) Malius alus ans	19	, fo
7. Birth date of deceased (ma., day, yr.) Dec. 27, 1918	and that I last saw halive on	
8. AGE: Years Months Days If less than one day  12	Immediate cause of death	DURATION 3 Sorys
9. Birthplace (Tarford 6) (Town, county, and state)	Due to	
1D. Usual occupation habbaran	Due to.	
11. Industry or business		
12. Name lotter Cessinger  13. 8 Irthplace Mid.	Diher conditions Congental	heart
14. Maiden name Sarah M. Thell  15. Birthplace a Md.	(Include pregnancy within 3 mo	
E 15. Birthniace and	Major findings of operations	
m lake O (Princeson		
	Antopsy results	
Address Navial Bate thereof after 6, 194	22. VIOLENCE: If death was due to external cause	s, fill in the following:
(Burlai, eremation, or removal, which	Accident, suicide, or homicide	Date of
Cemetery or crematory Wesley an Chapel	Where did injury occur?(City or town)	(County) (State)
Location Varfard Co.	lajured at home, farm, industry, public place (wher	
18. Funeral director. T. Madissin Milchell	Means of Injury	Injured at work?
Address I Vavre de Grace, Md.	23. SIGNATURE DANK	ediced Ex amou
19. Oskil 6 19 45- 4. F. Keswija M. Registr	& Hubbald	Willy M. D. or other

APR 24 1945
BUREAU V.S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

### CERTIFICATE OF DEATH

Ser. Dist. No. 182

1. PLACE OF DEATH: Harton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	med the
City or town	State
How long in above place of death?	City or town than tracet that there
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
nospital, mattigiton, or street abutess where beath becuteby,	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Allen So	alyers 3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male W Single	3
77400	20. DATE DF DEATH April 13 1945 21 3 A M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that t attended deceased frem
G.(O) Ranic & ileaband of wite	
7. Birth date of	
deceased (mo., day, yr.) Jany 9/45	and that t last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
3	Malnululion 3 mo
hrsmin.	
9. Birtholace Fountain Green	Premotunto
(Town, county, and state)	Due te
10. Usuat eccupation	
IV. Vousi Geenhauminiminiminiminiminiminiminiminiminimin	Due to
11. Industry or business	
12. Name Ernest Selyers	Other conditions
13. Birtholace	
14. Maiden name. Beulah Faylor  15. Birthplace Vor	(Include pregnancy within 8 months of death)
5	Major findings of operations.
≥ 15. Birthplace	Date of op.
16, Interment News J. Goods TA Salyen	Autopsy results.
1 11 Pe 0 O	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Sovert All Men	
17 Berresch Bata Harrest af 14/45	22. VIOLENCE: If death was due to externat causes, fill in the tollowing:
17. Burial, cremation, or removal. Which?)  Date thereof from the day (year)	Accident, suicide, or homicide
Cemetery or cremajory M. L. S. C.	Where did injury eccur? (City or town) (County) (State)
Location Frankey Green	Injured et home, farm, industry, public place (where?)
Denny Trotos	Means of Injury Injured at work?
18. Funeral director.	Levald C. Talmer MD
Address Belle Mel	Dept. Midried tvarious
14 13 14. Periall -	23. SIGNATURE M. D. or other
19. T. 13 19 TO TWELLE VOLUTA.	8 14 2 41 2 41
(Date ree'd by registrar) Registrar	Address Bol A vy Vd. Date signed 7/13/75



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### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

()4()()) Reg. Diat. No. 185

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street addrass where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Horman Mun 50.	v Sentinare 3. (b) Social Security Number
Male White Ridowed  Male White Ridowed	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
6.(c) Name of husband or wife	and that I last saw have allive on the last saw have allive on DURATION
9. Birthplace Coci Company, and state)  10. Usual occupation Celebrated	Due to Authority The State of t
11. Industry or business Carpenter  12. Name O Carpenter  13. Birthplace	Giher conditions  (Include pregnancy within 3 months of death)
14. Malden name Sofelina Jackson  15. Birthplace	(include pregnancy within a months of death)  Major findings of operations
Address Jave de Brace Mid.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial (Burial, cremation, or pomoyal. Which?)  Date thereof (Month) (May) (Month) (May) (Month)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Succession Held. A. For Location Co. Ind.	Where did injury occur?
18. Funeral director Madeson Mutchell Address Navel de Grace Md.	Means of Injury Injured at work?
19. Oste rec'd by registrar)  19. 45 G. L. Lewis M. S. Registrar	23. SIGNATURE M. D. or other  Addres M. D. or other  Addres M. D. or other  Addres M. D. or other

APR 24 1945
BUREAU V.S.

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# CITEIR DOSPOSATS LIMITS OF

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

04010

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Reg.	Diat.	No.		0	

### CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MAXTORA	Marila Harbard.
City or town	State County County Character & F. N. 2
How long In above place of death?	(If outside city or town)imits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: //	(if outside city or town annus, write NONAL and give nearest town)
Harford Nemorial Hospital	Street No(If rural, give LOCATION)
How long In hospital or institution?	
	2.(d) If veteran, name war
3. (a) FULL NAME Violet Singleton.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ W. Married	4 10. 15 6 3/4
A1) 1 =	20. DATE OF DEATH 19 TO at O M
6.(b) Name of husband or wife NET DINGLETON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	A. IN 44
deceased (mo., day, yr.) Teb. 9 1906	and that I last saw h. X. alive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
39 2 •hrs	1
	TAKS.
9. Birthplace Naryland	Due to
(Town, county, and state)	Dasal Octobral humstrage. ICHYS
10. Usual occupation.	Que to My sextensine Cardio vacentry
11. Industry or business Own Library.	Due to De President State of the State of th
# 12, Name Dillians Mc Orine	Other conditions
12. Name William Mc Stuffe.	piner conditions
	(Include pregnancy within 8 months of death)
14. Maiden name 20 + Och Weaver	Major findings of operations
14. Maiden name Saxah Wavex  15. Birthplace Harroy O., W.	
All at the state of the state o	
18. Informant	Autopsy results
Address Howre de arme W., RFD#2	PRINCIAN: Please underline the cause to which death should be charged statistically.
- Busial apr 13 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Duklen Mills Ch. God.	Where dld injury occur?
3/02/20d G 71100	
Location Value of the second o	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ta Madysan Michell	Means of Injury Injured at work?
Address Vavred Grace Mid.	an wait the as as
april 3 ve- 1 Levis n. A	23. SIGNATURE M. D. or other
19. Otto par'd by parietrer)  (Deta par'd by parietrer)  Rapietrer	Ch-10 - Amount for the forment for the forment of 10-45

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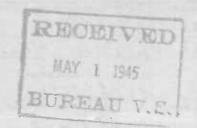
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

04011

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Warford	(For newborn infants give residence of mother)
City or town I dure de Grace	State Year york county
(If outside city or town limits, write RURAL and give nearest town)	City or town New York
How long in above place of death?	(If outside city or town limits, write RUBAL and cive nearest town)
Warls & Moment Stocker	Speet Ho. 150 East 117 St
How law is beautial or institution?	(If rural, give LOCATION)
How long in hospital or institution?	.    2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Leorge	Mepheus
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
$m \mid \omega$ . $m \mid \omega$ .	20, DATE OF DEATH April 27 19 45 13 - P
Pl It-11.	
6.(b) Name of husband or wife Thomas Completion	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 10/28/1901	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
44 5 29 hrsmin.	Duris was agree 3 his
700	-
9. Birthplace (Town, county, and state)	Due to
(d. T)	
10. Usual occupation. O and the	Due to
11. Industry or business	-
E 12. Name Charle Clare	Other conditions
13. Birthplace Command	
# 14 Majden name 74 less 2	(Include pregnancy within 3 months of death)
6	Major findings of operations.
El 15. Birthptace	Date of op.
16. informant La Cholas at anu - Couses	Autopsy results
Address a Jayelle Wotel - Naire de Grac	PHYSICIAN: Please underline the cause to which death should be charged statistically.
and 4 Buriel . Stalingke	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery of crematory Accommendation to each for	Where did injury occur? A (City or town) (County) (State)
(13alx: mad mun Your	B+ORR D- 100
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lessengton & Con	Means of injury Classical Injured at work?
Address Have de Krace Md.	derale device
1 1 2 2 2 2 2 2 2 2	23. SIGNATURE Defenly reduced Fx arms
19. 4-28 19 45 Q. L. LELLE M.D.	Hayard Courts M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04013

CERTIFICATE OF DEATH  Reg. Dist. No. 185		
1. PLACE OF DEATH:  County.  Cily or town.  (If outside city or town limits, write RURAL and give oearest town)  How long in above place of death?  Hospital, institution, or afreet address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For cewborn infacts give residence of mother)  State	
3. (a) FULL NAME Carothy Mildred  4. Sex   5. Color or race   Mail and a widowed, or divorced	Walker 3. (b) Social Security Number	
Famale white Married	MEDICAL CERTIFICATION  20. DATE OF DEATH STRUCK  20. DATE OF DEATH 1945 at 845	
6.(b) Hame of husband or wife James Earl Walker  8.(c) If alive, give age 49 years  7. Birth date of deceased (mo., day, yr.)  Mar. 3, 1905	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4 19. 5  and that I last saw h. alive on	
8. AGE: Years   Months   Days   If less than one day	Manalilia	
9. Birthplace	Due to	
14. Maiden name Eatherine 6. Listing 15. Birthplace Cycland.  16. Informant 72. Jahres Garl Walker  Address 800 Conestio St. Chy.	(Ioclude pregnancy within 8 months of death)  Major findings of operations	
17 Bural Date thereof Pr. 1945 (Burial, cremation, or removal. Which?) Cemetery or crematory augustic Cause Location Laural Laura III	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
18. Funeral director T. Madeson Mitcheld  Address Lawrede Grace Md.  19. April 6 18 46 a. L. Lewis M. J.  (Date ree'd by registrar)  Registrar	Means of injury Injured at work?  23. SIGNATURE M. D. or other  Address Data Signed M. S S S S S S S S	

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V.S.

# age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

04012

Date signed 41/9/45

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Maryle 3 Harland
(If outside city or town limits, write RURAL and give nearest town)	100 D C C C C C C C C C C C C C C C C C C
How long In above place of death? 39 YKS	City or town
Hospital, Institution, or street address where death occurred:	Street No. 123 N. Union Ave
Hortoro primorial Hospilai	(If rurni, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
13. (a) FULL NAME LOUIS WEBER	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W. Divorced	20. DATE OF DEATH APE 1 19 45 21 5 12 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw hallye on
deceased (mo., day, yr.)  8 A.G.E. Years   Months   Days   If less than one day	Immediate cause of death
8. AGE: 3 9 Months Days If less than one daymin.	A cute cardiac dilabation ?
9. Birthplace Have de gross, Hartor, Md.	Due to Bronshopneumonia?
10. Usual occupation hauffex	
1	Due to
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Wilhelmining Jayl 15. Birthplace	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant, Mrs Lydia Pilcher (Sister)	Autopsy results. A 2 abona
Harris M. Cekaca Isl	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Pauk to grown, Po.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory and Hell	Where did injury occur?
Location Hamade Crace	Injured at home, farm, Industry, public place (where?)
P to d Que	Means of Injury Injured at work?
Address Tany de Dia	Leveld C Palmer u D
Autress of the second of the s	(23. SIGHATURE. Defrate Medical C & Carrotter
19. (Date/rec'd by registrar)  [Registrar]	Address 2 2 4 2 2 1 Date signed 4/19/4

Address Q.O.

